

07 FEB 1990

CV TC-21
CONSUMER PRODUCT INCIDENT REPORT

FOR OFFICIAL USE ONLY

L-157

1. NAME OF RESPONDENT [REDACTED]	2. PHONE NO. (HOME) WORK 919-362-[REDACTED] 919-362-7837
3. STREET ADDRESS P.O. Box [REDACTED]	4. CITY STATE ZIP CODE New Hill NC 27562
5. DESCRIBE INCIDENT OR HAZARD, INCLUDING DATA ON INJURIES (USE 2ND PGE IF NEEDED) calloped potatoes had been baking in glass dish at 380 degrees, 20 minutes later, consumer heard the sound of shattering glass. Consumer looked through glass oven door and dish had shattered into jagged pieces ranging in size from 1-1/2" to 1/4" square. Consumer feels dish is a laceration hazard and wants dish recalled.	

6. DATE OF INCIDENT(S) 1/29/90	7. IF INJURY OR NEAR MISS, OBTAIN AGE 0 YR SEX N AND DESCRIBE INJURY: none	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME none RELATIONSHIP none
9. DESCRIPTION OF PRODUCT smoked round glass baking and microwave dish		10. BRAND NAME Anchor Hocking
11. MFR/DISTRIBUTOR NAME, ADDR. & PHONE Anchor Hocking unknown Cincinnati, OH 43130 unknown unknown unknown unknown		12. MODEL, SERIAL NUMBERS unknown
13. DEALER'S NAME, ADDRESS & PHONE [REDACTED] Pottery Inc. unknown Myrtle Beach, SC (zip unknown) unknown		
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES x NO IF YES, BEFORE OR AFTER THE INCIDENT? after DESCRIBE: damaged, baking dish shattered.		15. PRODUCT PURCHASED NEW x USED DATE PURCHASED 7/89 AGE 6 mo.
16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: none		

17. HAVE YOU CONTACTED THE MANUFACTURER? YES NO x IF NOT, DO YOU PLAN TO CONTACT THEM? YES x NO OTHER?	18. IS THE PRODUCT STILL AVAILABLE? YES x NO IF NOT, ITS DISPOSITION	19. MAY WE USE YOUR NAME WITH THIS REPORT? YES x NO
---	---	---


20. DATE RECEIVED 01/30/90	21. RECEIVED BY (NAME & OFFICE) ldm, HL	22. DOCUMENT NO. H010122A0
23. FOLLOW-UP MFR/PRIVACY NOTIFIED No Comments made Excisions/Revisions Firm has not requested further notice EPDS - 2 FEB 1990		24. PRODUCT CODE(S) 0474
25. DISTRIBUTION 25701		26. ENDORSER'S NAME & TITLE

15

3

If you have any changes, additions, or comments you wish to make concerning your attached report, please make them in the space below.

I confirm that the information in the attached report (including any changes, additions, or comments I have made) is accurate to the best of my knowledge and belief.


Signature

2/12/90
Date

☐

I request that you do not release my name. -

☒

You may release my name to the manufacturer but I request that you not release it to the general public.

☐

You may release my name to the manufacturer and to the public.

4411111 18